¥								Application or Docket Number				
ممسته	PATENT A	APPLICATIO Effect		09/965,125								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHER	
TOTAL CLAIMS			101		-		ſ	RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ ] minus 3 =		•	•		X42=		OR	X84=	
MUI	LTIPLE DEPEN	DENT CLAIM P	RESENT				Ì	+140=	i -	OR	+280=	
* If 1	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II									,	OTHER	THAN
		(Column 1)	(Colum					SMALL	ENTITY	OR	SMALL	NTITY
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	101.	Minus	(0	3	=		X\$ 9=		OR	X\$18=	,
MEN	Independent	• 12	Minus	*** (	2	=		X42=	1	OR	X84=	1
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	TIPLE DEPENDENT CL			<b>!</b>		1-(			
							L	+140=	<u> </u>	OR.	+26U= TOTAL	
								DDIT. FEE		OR	ADDIT. FEE	
	مراجع والمراجع والمراجع	(Column 1) CLAIMS			mn 2) IEST	(Column 3)	1 -		1 .55.	1		<del></del>
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEF
Ş	Тога	*	Minus	**		=	11	X\$ 9=	i	OR	X\$18=	
ME	Independent	•	Minus	wek		=	! <u> </u>	X42_	<b>†</b>	ÓН	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		┚┟	+140=		OR	+280=	
										OR	IOTAL ADDIT, FEE	
		(Column 1) (Column 2) (Column 3)										
NTC	ama again agai An again again An again	CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI-
DMENT	Total	*	Minus	*		=		Y\$ 0-	FEE		X518~	FEE
AMEN	Independent	•	Minus	***		=	1 F	X\$ 9=		OR	X\$18=	
٤	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X42=		OR	X84=	
						+140=		OR	+280=			
• If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ### Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		mber Previously Pa aber Previously Pai					er four	nd in the ap	propriate bo	x in co	lumn 1.	